



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

<b>PLAINTIFF</b> UNITED STATES OF AMERICA		<b>COURT CASE NUMBER</b> CA No. 04-10001-RGS	
<b>DEFENDANT</b> ARI ALVES TEIXEIRA		<b>TYPE OF PROCESS</b> Preliminary Order of Forfeiture	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize \$1,000.00 in U.S. Currency		
	Address (Street or RFD / Apt. # / City, State, and Zip Code)		
Send NOTICE OF SERVICE copy to Requester:  KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please seize and maintain custody and control over the above-referenced currency in accordance with the attached Preliminary Order of Forfeiture and applicable law.  CATS # 04-USC-000499 <span style="float: right;">KBW x3364</span>			
Signature of Attorney or other Originator requesting service on behalf of <u>Kristina E. Barclay</u> <i>[Signature]</i>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100  Date Nov 5, 2004
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:  <i>[Signature]</i> Date
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
I <input type="checkbox"/> HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		Please see Remarks Section below	
		Signature, Title and Treasury Agency <i>[Signature]</i> Stephen P. Leonard, Forfeitures Officer Jan. 20, 2005	
<b>REMARKS:</b>  The above described \$1,000 has been seized and deposited in the CBP/ICE suspense account. A copy of the SEACATS revenue screen is attached showing the deposit status.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT   ☐ FOR CASE FILE   ☐ LEAVE AT PLACE OF SERVICE   ☐ FILE COPY

15:41

TID=A8DA

REVENUE INFORMATION

T2P83905

CASE NBR: 2004040100004501 VIOLATOR SEQ: 0000 VIOLATION SEQ: 0000 LINE NBR: 000 STATUS BCA

COLL TYPE : SECU SEIZED CURRENCY  
COLL CLASS CODE: 741 ICE-SUSPENSE-SEIZED CURRENCY  
COLL TID : B10A PROCESS DATE: 03042004 TRANS NBR: 0001  
AMOUNT DUE: 1800.00 PAID: 1800.00 CASH RECEIPT: 55501614  
COLL DATE : 03042004 DEPOSIT TICKET: 981624  
METHOD OF PAYMENT: PAYOR TYPE:  
PARTIAL PAY IND : F (F/P/I) CHECK/CREDIT CARD: SURETY CODE:  
BUSINESS :  
LAST NAME :  
FIRST NAME :  
ADDRESS : APT NO:  
CITY : ST: COUNTRY:  
ZIP CODE : PHONE NBR:  
COMMENTS :

(PF1/PF2=HELP) (PF3/PF4=MENUS) (PF7=PREV REC) (PF8=NEXT REC)  
(PF10=PROCESS) (PF12=CANCEL)